



# Russell Auditorium Request Form

## Arizona Department of Emergency & Military Affairs

Requesting Organization: \_\_\_\_\_ Today's Date \_\_\_\_\_

### Requestor Information

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Office Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### Point of Contact (POC) Information

Same as above

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Office Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

### Event Details

Date	Start Time	End Time	# of Attendees	Activity or Training Event

### Comments

I will bring my own A/V equipment (describe below).  
 I will use existing auditorium A/V sem have no A/V requirements.

I require A/V support/training.  
 I do not require A/V support/training.  
 Not applicable.

\*Are any General Officers invited to attend or attending? Yes: No:  
 If yes, please explain: \_\_\_\_\_

\*Are any state or federal elected officials invited to attend or attending? Yes: No:  
 If yes, please explain: \_\_\_\_\_

Submit completed form to [david.dial@azdema.gov](mailto:david.dial@azdema.gov) Questions? Call (602) 464-6379.

### FOR USE BY ADMINISTRATIVE SERVICES OFFICE ONLY

Request Approved  Yes  No (if applicable) Reason:  Already booked  Maintenance  Other \_\_\_\_\_

Approved by \_\_\_\_\_ Reply sent  Yes  No Date \_\_\_\_\_ Security Required? Yes No Fee: \$ \_\_\_\_\_

Method of payment:  Check  Cash  Cashier's Check/Money Order  Not Applicable \_\_\_\_\_